

Restaurant ☐

Street Bar ☐

Application # _____

License #

City of Rochester
City Clerk Office
201 4th St SE RM 135
Rochester, MN
Phone 507-328-2900
FAX 507-328-2901

Date Received _____

Receipt Number _____

Amount Paid _____

Application for Liquor License

Covering period of _____, 20 _____ through March 31, 20 _____

Section 1 License Type			
Type of License: <input type="checkbox"/> On Sale <input type="checkbox"/> Off Sale <input type="checkbox"/> Micro Brewery			
Class of License: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> 3.2 Malt Liquor <input type="checkbox"/> Malt Liquor			
Type of Establishment: <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Street Bar <input type="checkbox"/> Store			
Sunday Sales license? <input type="checkbox"/> Yes <input type="checkbox"/> No 2AM License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Live Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain _____			
Dance Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain _____			
DJ Music? <input type="checkbox"/> Yes <input type="checkbox"/> No- If yes, explain _____			
Other? <input type="checkbox"/> Yes <input type="checkbox"/> No- If yes, explain _____			
Section 2 Business and Applicant Information			
Legal Corporate Name of Business		Trade Name	
Business Address/Location		Business Phone Number	
Mailing Address(If different than above)		City	
Name of Person Filling out This Application		MN Zip Code	
E-Mail Address		MN Zip Code	
Federal Tax Number		Telephone	
State Tax Number		Cell Phone	
Type of Ownership : <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> CLUB <input type="checkbox"/> Other: _____		Date Of Filing with Sec. of State	
Full Name Of Manager		State if Foreign Entity	
Date of Birth		Address, City , State	
Manager must complete Personal Supplemental Affidavit See Section 6			

Section 3 Owners, Partners and Officers			
Full Name	Title	Personal Affidavit	% Owner
Full Name	Title	Personal Affidavit	% Owner
Full Name	Title	Personal Affidavit	% Owner
Full Name	Title	Personal Affidavit	% Owner
Full Name	Title	Personal Affidavit	% Owner
Each Owner, Partner or Officer must complete Personal Supplemental Affidavit See Section 6			
Building Owner	Owner's Address	Owner's Telephone	
Does any person, other than those named as owner, manager, partner or officer share directly or indirectly in any profits or in any manner connected financially with the license of licensed business <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete below			
Full Name	Date of Birth	Address	
Explain Interest:			
Full Name	Date of Birth	Address	
Explain Interest:			
REFERENCES			
Business	Address	Contact	Telephone
Business	Address	Contact	Telephone
Business	Address	Contact	Telephone
Section 4 WORKERS COMPENSATION			
Policy information must be verified before license approval (attach Certificate)			
Workers Compensation Company	Policy Number	Dates of Coverage	
I certify that I am not required to carry workers comp insurance because: <input type="checkbox"/> I am self insured, <input type="checkbox"/> Sole proprietor and have no employees <input type="checkbox"/> I have only employees who are exempted by the workers compensation laws that include spouse, parents and children, all other employee must be covered			
Section 5 Additional Information			
1. <input type="checkbox"/> Date on which business will open			
2. <input type="checkbox"/> On Sale Liquor \$3200 per year (all licenses are pro-rated)			
3. <input type="checkbox"/> On Sale Sunday Liquor \$200			
4. <input type="checkbox"/> On Sale Beer \$300			
5. <input type="checkbox"/> On Sale Wine \$400			
6. <input type="checkbox"/> Off Sale Beer \$36			
7. <input type="checkbox"/> Off Sale Liquor \$400			
8. <input type="checkbox"/> Application for Special Sunday License https://dps.mn.gov/divisions/age/forms-documents/AlcoholDocuments/certificationonsaleliquorlicense.pdf			
9. <input type="checkbox"/> 2:00 AM On Sale Intoxicating Liquor License https://dps.mn.gov/divisions/age/forms-documents/AlcoholDocuments/applicationoptional2amliquorlicense.pdf			
10. <input type="checkbox"/> Application for Annual Dance License (if dancing is to be held on premises)			
11. <input type="checkbox"/> Attach Certificate of Insurance for Proof of Worker's Compensation coverage (Minnesota Statute 176.182)			

12. <input type="checkbox"/> Federal Tax Stamp	All licensees must file with the Federal Alcohol and Tobacco Tax and Trade Bureau by completing form TTB 5630.5d. The form is required for new operation and changes in operations. This form can be obtained at www.ttb.gov/forms/f56305d.pdf . There is no cost for this form.
13. <input type="checkbox"/> State of Minnesota Buyers Card-	https://dps.mn.gov/divisions/age/forms-documents/AlcoholDocuments/applicationbuyerscardliquorwine.pdf
14. <input type="checkbox"/> Copy of Food Menu	
15. <input type="checkbox"/> Detailed sit plan of your establishment	

Section 6

Personal Supplemental Affidavit

This form must be completed by each of the following with a copy of driver license or government issued photo ID attached.

- ☐ Applicant
- ☐ Manager
- ☐ Owners, Partners, Officers

Section 6 Background Information									
Name of Business				Corporate Name of Establishment					
Business Address			Business Phone		Title			% of Ownership	
Your Name(First, Middle, Last)				Date of Birth		Place of Birth (City, State)			
Street Address				City		State		Zip Code	
Social Security Number		Home Phone		Cell Phone		E-Mail Address			
Other name you have ever used or been known by: <input type="checkbox"/> None <input type="checkbox"/> _____									
List all your residences during the preceding 5 years									
Street Address		City		State		Zip	From	To	
List Employers for the preceding 5 years									
Employer and Occupation			Address		City		State	From	To
Spouse Information <input type="checkbox"/> Check if not Married									
Spouses Name				Date of Birth		Place Of Birth			
Address				Other Names Used					

History:

Have you ever been employed by a Restaurant, Bar, or other similar business ☐ No ☐ Yes, give details. _____

Section 7 SOURCE OF FUNDS STATEMENT - APPLICANT'S INFORMATION SHEET**BEVERAGE ALCOHOL ESTABLISHMENTS-APPLIES TO ALL APPLICANTS APPLYING FOR A FULL LIQUOR LICENSE**

Documenting the source of funds for the business venture is one of the more critical aspects of completing a license application. It is important that all financial information related to business start-up is completely documented and verifiable by the City of Rochester. applications will not be processed without complete information about the costs and source of funds for your proposed business.

1. Loans from the Lending Institution

- ☐ Attach a copy of the loan closing document that clearly sets forth the amount being tendered to the borrower and a copy of any accompanying promissory note; OR
- ☐ Individuals may be eligible for a loan but approval may be delayed until a license is granted. In instances such as this, a letter of loan commitment from the lending institution setting forth the amount of the loan must be submitted along with a pledge from the applicant that the loan closing documentation shall be submitted upon its completion. A license will not be issued until a copy of the loan closing document is given to the Licenses staff . The business cannot operate until this is completed and approved.
- ☐ N/A

2. Loans from Individuals - Many times applicants obtain personal loans from relatives or other individuals. In cases such as these, the loaning individual must provide the same documentation of the source(s) of these funds as required by the license applicant. For example, if an individual receives a \$10,000 loan from their parents, the applicant must attach the source of the parent's \$10,000 as well as tax records.

- ☐ Attach a copy of each lender's source of funds and tax records; AND
- ☐ Attach a copy of the loan closing document(s) and/or copies of any accompanying promissory note(s); AND
- ☐ If the lender is not an owner of the business, applicants must provide a notarized statement regarding the terms of the loan; that the lender has no operational, financial or management interest in the business; the terms of the loan are independent of the business; and at no time in the future will the lender have a financial, operational, or management interest in the business. Any such involvement in the business will only be lawful if the lender and licensee go through the appropriate city licensing process.
- ☐ N/A

3. Landlord Construction or other Credit/Financing - A landlord providing construction or financing will be required to show the same documentation of the source of these funds as the license applicant. If funds are taken from a business account, city staff can accept corporate account statements in lieu of the landlord's personal accounts.

- ☐ Attach a copy of the loan closing document(s) and copies of any accompanying promissory note(s); AND
- ☐ Attach a statement about payment terms.
- ☐ N/A

I (printed name) _____ understand that city staff have the right to request other documentation they feel is necessary to properly verify the source of funds for the business venture. Failure to document costs or the source of funds for expenses will result in the denial of this license application. Any errors detected after the issuance of the license may be grounds for license revocation. After approval by the City Council, documentation in this license file becomes public data and is open for review by anyone upon request. Public data includes, but is not limited to, financial statements, tax records and other personal records contained in the license file. Public data will not include Social Security numbers and account numbers.

Signature

Title

Date

Section 8**COSTS REPORTING FORM**

An applicant must report all costs associated with pursuing this license in order to demonstrate adequate legal sources of funds. Typical expenses include asset purchases, licensing fees, insurance costs, down payments, remodeling fees and attorney's fees, to name a few. Please use the table below to account for **all** of your specific costs. Attach additional sheets if necessary.

Applicant's Name _____ **Business Name** _____

Building Expenses (lease, equipment purchases, down payments, asset agreement, etc.)

\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	Subtotal \$ _____

Construction Expenses (Upgrading cooking equipment, installation remodeling, etc)

\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	Subtotal \$ _____

Professional Expenses (Attorney fees, architect fees consultant fees etc.)

\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	Subtotal \$ _____

Start Up Costs (Insurance, license fees, inventory, etc.)

\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	Subtotal \$ _____

Other Expenses (Payroll, insurance other)

\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	
\$ _____	for _____	Subtotal \$ _____

TOTAL COSTS for pursuing this License \$ _____

☐ Attach plans, leases, contracts, statements from vendors or credit institutions and other documentation you have to support the above figures.

Section 9**Business Plan Requirements**

The Rochester Code of Ordinances (RCO), Chapters 125A.06 Subd. O. requires applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan. Attach a typed and detailed report that includes the following items.

1. Food Service

- ☐ List all food that you will prepare and/or serve; include prices
- ☐ Describe Kitchen, Bar and Cooking Equipment; and/or attach Food Plan Review

2. Alcohol Server Training Plan (Many organizations can train your staff)

- ☐ Describe staff training.
- ☐ Ongoing and regular training program
- ☐ Policy for carding
- ☐ Reward and discipline policy for serving alcohol to minors
- ☐ Self-audits

3. Security Plan/Staffing Model.

- ☐ Complete and attach your security plan and any supporting documentation which addresses how you will take appropriate action to prevent illegal conduct by any persons on your business premises and parking areas.

4. Applicant's Experience and Background with Liquor, Restaurant or Retail Sales

- ☐ Attach Resume

5. Hours of Operation

- ☐ Specify the hours for every day of the week
- ☐ Inside and outside hours

6. Entertainment

- ☐ A detailed statement of the nature of entertainment presented in your establishment
- ☐ Days and hours of the entertainment
- ☐ The age group at which the entertainment is directed

7. Community Impact Plan

- ☐ Describe the effect your establishment will have on safety and welfare of nearby residents and businesses.
- ☐ Attach a plan for cleaning litter within a 100 foot radius of your establishment. Include hours staff will be assigned.
- ☐ Types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports

8. Noise Management Plan

- ☐ Attach a detailed Noise Management Plan and any supporting documentation which explains how your establishment will address potential noise issues.

ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- ☐ the attached business plan is a true and correct reflection of the undersigned's intentions;
- ☐ any material change in the business plan must be submitted to and approved by the Rochester City Council before implementation;
- ☐ violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Rochester City Council.

Signature _____ Title _____ Date _____

Noise Management Plan

THIS APPLIES TO ALL APPLICANTS APPLYING FOR A FULL LIQUOR LICENSE

The City of Rochester would like your assistance in striking the balance between entertainment in our vibrant communities with our residents' and guests' right to peace and quiet. The following items are recommended by the City of Rochester and/or are in accordance with the Rochester Code of Ordinances to help you develop an effective noise management plan to protect your patrons, neighboring community, and business. Not all questions may be applicable to your business operation. All applicable items should be added into the Noise Management Plan of your Business Plan document for submittal with your license application.

1. Capacity

List the capacity of your outdoor area. _____

Describe how you will manage the area to prevent over occupancy.

2. Speakers

Describe how speakers be positioned to minimize, deflect or absorb excessive noise.

List what time music will be turned down and what time speakers will be turned off.

3. Closing Time

Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.

Describe how you plan to remind patrons to lower their voices to respect local residents when leaving your establishment and actions for dealing with unruly customers.

Describe how you plan to prevent loitering around your establishment, sidewalks, road ways and in parking lot (if applicable).

4. Equipment

Describe any sound metering equipment and/or music systems with self- regulators you have and how you intend to utilize them.

5. Role of Staff

Describe training and job expectations related to noise management for managers and/or supervisors and other staff including bartenders, hosts, and servers.

6. Special Events

Describe noise management plans for special events held at your establishment or in the city.

7. Complaints

Describe how you will address excessive noise complaints.

Outdoor Areas

1. Speakers

Describe how speakers be positioned to minimize, deflect or absorb excessive noise.

Describe how low frequency music beats will be minimized.

List what time will music be turned down and what time speakers will be turned off.

2. Capacity

List the capacity of your outdoor area.

Describe how you will manage the area to prevent over occupancy.

3. Seat Location

Describe how the seating design will minimize or deflect excessive noise.

4. Closing Time

Describe how you plan to alter lights and music, end alcohol service, and inform customers in advance of closing time.

List what time you will eat your last patrons and what time patrons will be asked to leave.

Describe how you will encourage patrons to utilize parking facilities and taxicabs instead of parking in residential streets.

5. Patron Noise

Describe plans for monitoring, controlling, relocating, and/or removing noisy patrons or unruly customers.

6. Role of Staff

Describe management/ supervisory staff duties including frequency of security staff making rounds.

Describe community outreach efforts such as attending neighborhood association meetings, downtown LINC meetings, etc.

8. Complaints

Describe how you will address excessive noise complaints; including having a phone number other than the establishment main phone number, residents may call to discuss noise concerns.

9. Architectural Design or Enhancements

Describe the use of sound blocking walls/fences and how you plan to direct noise toward unoccupied buildings.

Additional Resources

If you answer Yes to two or more of the following questions, send an email to areeves@rochestermn.gov or call 507-328-2911 or for more information and resources about noise abatement solutions.

1. Is your seating capacity over 200 people? ☐ Yes ☐ No
2. Do you plan to use an outdoor area? ☐ Yes ☐ No
3. Are you located in a residential area? ☐ Yes ☐ No
4. Will you have amplified sound? ☐ Yes ☐ No
5. Do patrons tend to all leave at closing time? ☐ Yes ☐ No
6. Have you received complaints about excessive noise? ☐ Yes ☐ No

Section 11

Security Plans

The following items will help you develop an effective security policy to protect your patrons, employees, and business. Not all questions may be applicable to your business operation. Answer all that are relevant.

1. **Staff:** Contracted security employees? Off-duty police officers? Managers and supervisors? Cross-trained bartenders, hosts, or servers? Per patron ratio (1:?) Distinctive attire?
2. **Scheduling:** Days? Hours? Summer vs. winter? Special events at the establishment or in the city?
3. **Duties:** Inside the premises? Outside the premises? Frequency of rounds?
4. **Philosophy:** Respectful enforcement? Escorting off of the premises? Working in teams?
5. **Exterior Premises:** Security Cameras? Lights? Enclosures?
6. Do you plan to create a No Admittance List? Will you have a dress code? How will you enforce these?

7. How will you address disorderly patrons? Illegal behaviors? High level criminal activity? Do you have a patron code of conduct conspicuously displayed?
8. How will you address loitering? Rounds? Dedicated parking lot security staff?
9. How will you address excessive noise or noise complaints?
10. How will you manage party buses?
11. Will you use valet services? Contracted or in-house? Include your security plans for protecting customers, specifically during high volume and closing time.
12. Do you have a partnership with the police department?
13. Do you have properly positioned, working, and maintained video camera system? Inside? Outside? Available for the police for evidence?
14. What are your exit strategies?
Weekends, special events, emergencies? closing time: Will you inform customers in advance? Alter lights and/or music? End service? Time: Escorts? Parking lot monitoring? Traffic management?
15. Do you have reporting procedures for incidents? Both minor and serious?
16. How often will you evaluate your security plan for effectiveness?
17. How will you communicate policies, incidents, and updates to employees?

Police Department Security Plan Review

For On-Sale Alcohol Establishments with Extended Hours Licenses or Dance Permits

THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Establishment: _____ Address: _____

Contact Person: _____ Phone Number: _____

**** You must include copies of your License Application, Business Plan, and Security Plan with this form.**

THIS PORTION TO BE COMPLETED BY RPD

Listed below are recommendations discussed by the Rochester Police Department and the License Applicant which are applicable to the proposed business operations. All items checked should be added into the Security Plan portion of your Business Plan document for submittal with your license application.

-
- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Signature _____ Date _____



(507 328-6800